

Disclosure Report Cover

Amendment
☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information				
a. Full Name			c. ID Number	
Lee Henage for Board of Education			LH41516	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
3859 Lancaster Hwy Monroe, NC 28112			10/31/16	
			e. Phone Number	
			704-290-8339	
2. Report Year				
2016				
3. Period Start Date (mm/dd/yy)				
07/01/16				
4. Period End Date (mm/dd/yy)				
10/22/16				
5. Treasurer Full Name				
Lee Gardner Henage				
6. Type of Committee (Check One)				
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party				
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum				
<input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser				
<input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
9. Type of Report (check only one type of report from one category)				
Municipal				
Organizational				
Thirty-five day				
Pre-primary				
Pre-election				
Pre-runoff				
Semi-annual				
Mid Year				
Year End				
Final				
Special				
State/County				
Organizational				
Quarterly				
First				
Second				
<input checked="" type="checkbox"/> Third				
Fourth				
Semi-annual				
Mid Year				
Year End				
Final				
Special				
Referendum				
<input type="checkbox"/> Organizational				
<input type="checkbox"/> Pre-referendum				
<input type="checkbox"/> Final				
<input type="checkbox"/> Supplemental Final				
<input type="checkbox"/> Annual				
<input type="checkbox"/> Special				
10. Special Report Name				
11. Account Information				
a. Financial Institution Full Name				
Wells Fargo				
b. Purpose				
Checking Account for Receipts and Expenditures				
c. Account Code				
1				
d. Period Begin Balance				
\$ 86.00				
11. Account Information				
a. Financial Institution Full Name				
b. Purpose				
c. Account Code				
d. Period Begin Balance				
\$				
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
LEE HENAGE				
Printed Name of Signer				
Signature of Appointed Treasurer				
10/30/2016				
Date				
FOR OFFICE USE ONLY				
Date Received: 10/31/2016				
Employee: K. Gardner				
Date Postmarked: N/A				
Employee:				
Date Scanned:				
Employee:				
Date Data Entered:				
Employee:				
Delivery Method				
<input type="checkbox"/> Normal Mail				
<input type="checkbox"/> Registered Mail				
<input checked="" type="checkbox"/> Hand Delivered				
<input type="checkbox"/> Electronically Filed				
<input type="checkbox"/> Signer has not received mandatory training				
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Lee Henage for Board of Education		Quarterly-Third		LH41516	
Start of Election Cycle:		January 1,		2016	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 86.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 1,755.65	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$ 0	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$	
11) Other Receipt Sources				\$	
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>				\$ 1,755.65	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 236.20	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$	
15) Loan Repayments		<i>(CRO-1420)</i>		\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 1,505.65	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>				\$ 1,741.85	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>				\$ 99.80	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$ 100.00	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$	
25) Administrative Support		<i>(CRO-1710)</i>		\$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2200)</i>		\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$	

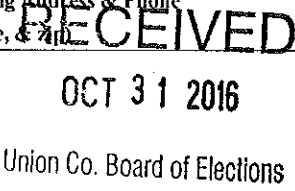
Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Lee Henage for Board of Education					041516	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lee Henage 3859 Lancaster Hwy Monroe, NC 28112 704-290-8339			RN			
			c. Employer's Name/Specific Field			
			Carolinas Medical Center			
					e. Election Sum to Date	
					\$ 1,532.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		Check	Filing Fee Paid	6/27/16	\$ 27.00	
<input type="checkbox"/>		Credit	Signs	8/12/16	\$ 1,505.65	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kathy Heintel 904 Patricians Lane Monroe, NC 28110			Attorney			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/29/16	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
<div style="text-align: center;">  </div>						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,755.65	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,755.65	

Outstanding Loans

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Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
Lee Henage for Board Education			LH41516
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Lee Henage 3859 Lancaster Hwy Monroe, NC 28112		RN	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Carolinas Medical Center	04/21/2016
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
<div style="text-align: center;"> <p>RECEIVED</p> <p>CCT 31 2016</p> <p>nion Co. Board of Elections</p> </div>			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 100.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 100.00

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) Lee Henage for Board of Education		2. ID Number LH41516	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lee Henage 3859 Lancaster Hwy Monroe, NC 28112 704-290-8339		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 1,532.65	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Signs		08/12/16	\$ 1,505.65
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="text-align: center;">RECEIVED OCT 31 2016 Union Co. Board of Elections</div>		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 1,505.65	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,505.65	